



## Medicaid Modernization Billing Update

### Overview

- Over 3.4 million claims paid to Iowa Medicaid providers from April 1, 2016, to June 30, 2016
- Claims are paid in an average of 8.5 days
  - Similar to fee-for-service (FFS) average of 7 to 10 days
  - 40 percent faster than required
- The MCOs are contractually-required to pay 90 percent of clean claims within 14 days and 99.5 percent in 21 days. The state withholds a percentage of payment until the requirement is met.
- MCOs have modern computer systems that verify claims to ensure accuracy and prevent fraud, waste and abuse, and create a more efficient system
- All claims forms/formats are the same used to bill Iowa Medicaid
- Iowa Medicaid and the MCOs have worked to rapidly respond to provider concerns, educate providers and correct technical issues. More provider training is coming this summer

### Medical and Pharmacy Payment Claims Data for April 1, 2016 through June 30, 2016

	Program Total	Amerigroup	AmeriHealth	United
Average days to process	8.5			
Total Reimbursement*	\$899.3 million	\$235.1 million	\$419.1 million	\$245.1million
Claims Submitted	4,969,263	1,614,278	1,923,396	1,431,589
Claims Paid**	3,470,218	1,088,523	1,348,204	1,033,491
Claims Denied	1,250,922	515,904	410,967	325,051
Claims Suspended	300,769	9,851	87,592	194,265
Claims Rejected	101,013	58,045	28,692	14,276

\*As of July 22, 2016

\*\*4.6 million claims reported as of July 13, 2016

**Clean Claims:** All information required for processing is present.

**Denied:** Claim is received and services are not covered benefits, are duplicate, or have other substantial issues that prevent payment.

**Suspended:** Claim is pending internal review for medical necessity and/or may need additional information to be submitted for processing.

**Rejected:** Claims that don't meet minimum data requirements or basic format are rejected and not sent through processing.

#### Most common reasons for payment claims denial

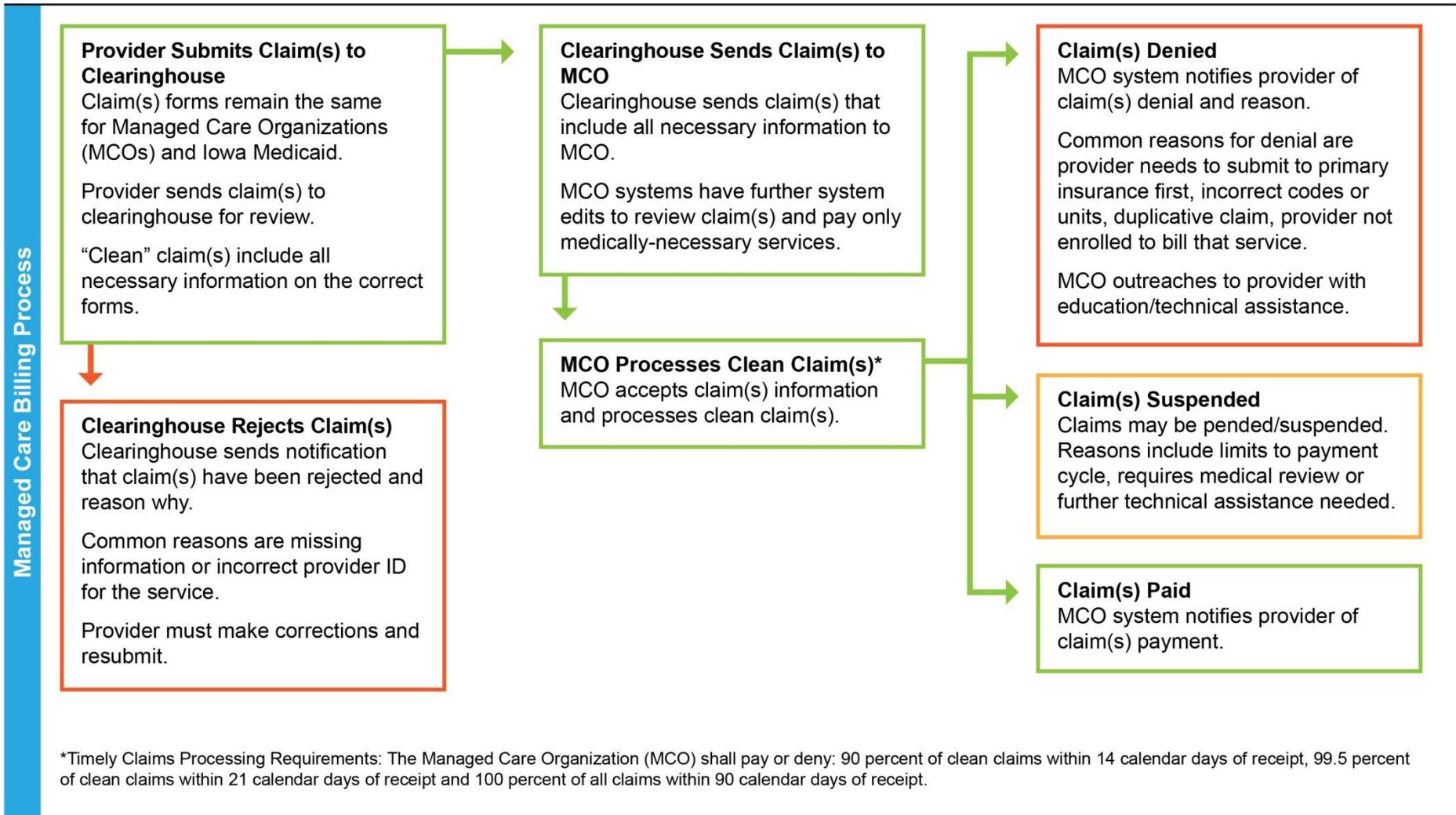
- Duplicative claim
- Service is not an approved benefit under the Medicaid program
- Primary health insurance coverage needs to be billed first

#### Most common reasons for payment claims rejection

- Necessary information is missing or inaccurate (missing signatures, using an incorrect provider identification number, using a P.O. Box for an address)
- Invalid service date – claims must be after April 1
- Provider is not enrolled with Iowa Medicaid for the service type billed



## Managed Care Billing Standardized Process





## For Billing Issues:

- Call provider service lines for assistance
  - Amerigroup Iowa, Inc.: **1-800-454-3730**
  - AmeriHealth Caritas Iowa, Inc.: **1-844-411-0579**
  - UnitedHealthcare Plan of the River Valley, Inc.: **1-888-650-3462**
- Work with a clearinghouse for nominal or no fee
- Attend in-person trainings across the state
- Conduct systems testing available through the MCOs

## More Information:

- Informational Letters are used to communicate important information to providers
  - <http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>
- The IA Health Link e-News provides updates and links to Informational Letters
  - <http://dhs.iowa.gov/ime/about/IMENewsletters>
- Access handbooks, trainings on dedicated MCO webpages
  - [www.amerigroup.com/iaprovider](http://www.amerigroup.com/iaprovider)
  - [www.amerihealthcaritasia.com/iaprovider](http://www.amerihealthcaritasia.com/iaprovider)
  - [www.uhccommunityplan.com/iaprovider](http://www.uhccommunityplan.com/iaprovider)
- Connect with provider associations who represent providers of different types of services

## Other Resources

- Front desk guide - [https://dhs.iowa.gov/sites/default/files/IAHealthLink\\_MCOQuickReference.pdf](https://dhs.iowa.gov/sites/default/files/IAHealthLink_MCOQuickReference.pdf)
- Provider Toolkit - [https://dhs.iowa.gov/sites/default/files/IAHealthLink\\_ProviderToolkit\\_FINAL\\_1.pdf](https://dhs.iowa.gov/sites/default/files/IAHealthLink_ProviderToolkit_FINAL_1.pdf)



## Provider Network Status Overview

### Contracting Activity

#### In-State Providers

FFS Network #	Amerigroup #	Amerigroup %	AmeriHealth #	AmeriHealth %	United #	United %
28,194	40,631	144.1%	38,844	137.8%	40,089	142.2%

Total Contracts Possible Based on Previous FFS	Total Reported Managed Care Contracts	Percent
84,582	119,564	141.4%*

\*Based on national provider identifiers (NPIs) now participating in managed care

#### Out-of-State Providers

FFS Network #	Amerigroup #	Amerigroup %	AmeriHealth #	AmeriHealth %	United #	United %
22,441	12,384	55.2%	12,441	56.3%	6,569	29.3%

Many of the out-of-state providers were contracted with FFS to serve one member, one time

### Historical Utilization

The Centers for Medicare and Medicaid Services (CMS) approved the MCOs' provider networks based on historical utilization of FFS providers. A detailed report is available here – <http://dhs.iowa.gov/sites/default/files/Provider-Network-Summary-Historical-Utilization.pdf> - and featured in monthly reports

- 98 percent of active FFS providers have signed with at least one MCO
- 82 percent with two MCOs
- 73 percent with three MCOs